

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6	1					
7		1				
8		2				
9		2				
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TOTAL IND.	1	1				
TOTAL DEP.	1	3				
TOTAL CLAIMS	1	4				

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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